

government-approved health insurance, whether they can afford it or not.

The government decides what a person can and cannot afford. Employers and employees who don't buy the government-approved insurance then have to pay this fine. This is a criminal penalty on citizens.

There is also a new tax hike on flexible spending accounts and health savings accounts. Right now people can put as much pretax money as they want into one of these accounts to help pay for insurance. These accounts will get a \$1.3 billion new tax. The new government-run health care bill won't let anyone buy over-the-counter drugs out of these accounts. All of the medicines that have been made easier to buy without a prescription are now going to be taxed. Now why, Madam Speaker, would the government discourage people from taking care of themselves and having these health savings accounts?

The new health care bill also makes other legal tax deductions now illegal. This new tax is called the economic substance doctrine. Under this new health care bill, the IRS would be able to decide what a person was thinking when they bought something and they deducted it from their income tax as a business expense.

What that means is my friend Sammy Mahan in Baytown, Texas, buys a new wrecker truck for his tow truck business, and he writes it off on his income tax as a business expense. The IRS would be able to decide what he was really thinking when he bought that wrecker truck. If the IRS decides he bought that new wrecker just to go fishing in it, they won't allow the tax write-off. And the IRS decides what he was thinking, not what he says. In fact, the IRS is presumed to know what he was thinking when he lawfully wrote off that truck as a business expense. These thought police may not approve his lawful tax deduction. This new rule not only penalizes Sammy for his thoughts, it penalizes him for what the government thinks his thoughts were; what Sammy was really thinking when he bought that wrecker truck anyway and claimed that lawful tax.

Having tax thought police is strange enough, but what this is doing in a health care bill in the first place makes no sense. This ought to be in a separate piece of legislation to begin with. Do the taxacrats really think people will go out and have a heart valve replacement just to write it off their income tax?

But there's also more. There is a new tax on medical devices, a 2.5 percent tax on things like pacemakers and wheelchairs and hip replacement devices and new heart valves, lawful tax deductions for medical expenses that will be outlawed under this bill. So the tax thought police could not only deny a tax deduction for that heart valve replacement, but they could turn around and tax that new heart valve as well.

Madam Speaker, people are hurting out there in their pocketbooks and we

can't afford a government-run health insurance policy at this time because it costs too much. The people can't afford all these new taxes and seniors can't afford to have a half trillion dollars cut out of their Medicare.

This government takeover of health care is just in time for Thanksgiving. Hopefully the American people won't be the turkey served up on the plate of government-run health care reform.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. TOWNS) is recognized for 5 minutes.

(Mr. TOWNS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

LET'S HELP THE AFGHAN PEOPLE TO REJECT VIOLENT EXTREMISM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, the last 8 years has taught us a very hard lesson. There is no military solution to Afghanistan. Escalating the war by sending in tens of thousands more troops will not defeat violent extremism in that country.

That's why I have urged President Obama to change the mission in Afghanistan. We must abandon the military-only strategy that has failed us and that we must begin to emphasize humanitarian aid, economic development, reconstruction, better health care and education. These are the tools that the Afghan people need to improve their lives and to reject extremism.

Nicholas Kristof of the New York Times wrote a column last week entitled, "More Schools, Not Troops." His article makes the case for changing our mission very well. In his column, Kristof writes that investments in education, health and agriculture "have a better record at stabilizing societies than military solutions, which have a pretty dismal record."

Education is especially important, he says. He argues that "schools are not a quick fix, but we have abundant evidence that they can, over time, transform countries."

He gave Pakistan and Bangladesh as examples of that. The United States has spent \$15 billion in Pakistan, Madam Speaker, since 9/11, mostly on military support. Yet Pakistan is more unstable than ever and al Qaeda has found a home there.

Meanwhile, Bangladesh, once a part of Pakistan, has made major investments in education, especially for girls. This has spurred economic growth, which has helped keep al Qaeda out of that country.

Kristof also writes that "when I travel in Pakistan, I see evidence that one group, the extremists, believes in the transformative power of education.

They provide free schooling and often free meals for students. They offer scholarships for the best pupils. What I don't see is similar numbers of American-backed schools. It breaks my heart that we don't invest in schools as much as medieval, misogynist extremists."

He then goes on to say that "for roughly the same cost as stationing 40,000 troops in Afghanistan for 1 year, we could educate the great majority of the 75 million children worldwide who are not getting even a primary education. Such a vast global education campaign would reduce poverty, cut birth rates, improve America's image in the world, promote stability and chip away at extremism."

Madam Speaker, I hope that President Obama will keep this in mind as he reviews his options on Afghanistan and makes his decisions in the coming weeks. America simply cannot afford to rely on our military power alone, because that strategy plays right into the hands of the extremists. Our heavy military footprint is feeding the insurgency in Afghanistan, not weakening it.

By changing the mission to emphasize education and the other tools that can give the Afghan people a real stake in peace, we can stop violent extremism in its tracks. And we can keep our troops safer and build a more peaceful world for our children and our grandchildren.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. HASTINGS) is recognized for 5 minutes.

Mr. HASTINGS of Washington. Madam Speaker, the Democrat health bill is not about lowering costs or making health care more affordable, it's about government control and higher spending. It's about a government takeover of our health care system. It follows that it's about the Federal Government deciding how, where and when you get your health care.

At its most basic, the bill creates a government-run health insurance system that will end private health insurance options and, in doing so, will force Americans to purchase coverage only from a government-controlled program. The Federal Government would therefore decide which health care plans are acceptable. A Federal commissioner would decide which health care benefits are offered and how much is to be charged for those benefits. The proposed Medicare cuts would eliminate options for seniors and place recipients under a Medicare without

choices, choices like the current Medicare Advantage program.

In page after page of this massive bill, Federal health programs are expanded while private health care is restricted. In section after section, personal health care choices dwindle, and Federal control over decisions that should be made by you and your doctor increase.

One of the most striking examples, Madam Speaker, begins on page 481. The Democrat bill arbitrarily bars doctors from opening new doctor-owned hospitals, including the 124 hospitals that are currently under construction, and it severely restricts the existing 235 doctor-owned hospitals like the Wenatchee Valley Medical Center in my district from expanding their services.

The Wenatchee Valley Medical Center is a top-rated hospital that serves a rural underserved area. It was founded in 1940 by three doctors and today is owned by 150 doctors, each with an equal share. The medical center employs 1,500 people; serves a population of a quarter of a million people in an area the size of the State of Maryland; and treats 150,000 patients a year, half of whom are Medicare and Medicaid recipients.

Democrats, though, have decided that doctors cannot own hospitals regardless of the quality of care or degree of need. Under the Democrat bill, doctor-owned hospitals would face unprecedented reporting requirements, punishing new restrictions and strict limitations on their ability to expand. In fact, with the exception of a small handful of facilities selected by Democrat leaders, hospitals that are owned by doctors are barred from growing, barred from adding even a single hospital bed ever.

Madam Speaker, something is very, very wrong when this Congress is blocking access to health care, banning new hospitals and blocking the growth of top-quality facilities because they are simply doctor owned. But now the position of Democrats in charge of writing health policy in this House is very, very clear: They want to outlaw all doctor-owned hospitals, period.

Madam Speaker, we are headed down a very dangerous road when the Federal Government is getting in the business of deciding who can and who cannot own a hospital. But I am convinced that this is only the start. A Democrat Ways and Means subcommittee chairman was quoted this week as saying, "Get your toe in, get your knee in, get your shoulder in, and pretty soon you're in the room." This is a blunt admission that if Democrats succeed with this government takeover, those in Washington, D.C. will already have bigger plans to seize even more control of every American's health care.

Madam Speaker, I don't think that's where America wants to go. There is a better solution, and it doesn't involve penalizing hospitals, raising taxes or cutting Medicare. The plan I support

focuses on lowering costs by expanding health care choices and tools to help families save, making it easier for small businesses to afford and offer health care; ending lawsuit abuse; and, Madam Speaker, more importantly, protecting the doctor-patient relationship from government intrusion.

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Madam Speaker, we have been waiting for 10 months for the Republican health care plan. All we hear is the Party of No—no, no, no; go slow; don't do anything. That's all we've heard. But, finally, they came out with a plan, and I thought we ought to take it seriously and read it, so I did.

□ 1830

Sadly, the proposal from my Republican colleagues was not worth the wait, and CBO agrees.

The Congressional Budget Office indicated that the Republican bill will not—will not—significantly decrease the ranks of the uninsured. Instead, under the Republican proposal, the ranks of the uninsured will decrease by only 3 million people, leaving 52 million people without coverage.

Contrast that with the Democratic proposal, which covers 96 percent of all Americans.

The Republican proposal would not address the ability of insurance companies to exclude individuals based upon preexisting conditions. According to the Republican leadership, they purposely failed to address this issue because it supposedly cost too much.

The Democratic proposal would prohibit insurers from excluding individuals from purchasing health insurance based on preexisting conditions by 2013.

The Republican proposal would allow insurance companies to sell insurance across State lines. Sounds like a good idea. But most experts agree that that would create a "race to the bottom," where insurers will set up shops in States with the fewest consumer protections.

Contrast that with the Democratic proposal, which will allow insurance companies to sell insurance across State lines so long as the States involved have set up interstate compacts. Under these interstate compacts, participating States would ensure consumer protections would be followed and monitored at all times.

Now, the Republicans got this one pretty close to right. They will allow dependents to remain on their parents' insurance until they are age 26.

Contrast that with the Democratic proposal, which keeps them on until age 27. So they copied us at least on that point.

The Republican proposal will cut the deficit by \$68 billion over the next 10 years. Sounds great, right?

Contrast this with the Democratic proposal, which will cut the deficit by \$104 billion over the next 10 years. For the Republicans who sound off about fiscal responsibility all the time, the Democratic proposal is clearly the more responsible for deficit reduction.

The Republican plan purports to end "junk lawsuits." However, the focus is solely on capping certain damages for pain and suffering. This is an old approach, and it will help insurance companies flaunt State consumer protection laws.

The Democratic proposal, on the other hand, would ensure providers are accountable for providing quality care by developing payment policies that have quality as a central tenet of reimbursement. The Democratic proposal seeks to recognize the autonomy of States.

The CBO found that the Republican plan would have virtually no effect on reducing premiums in the large group market in which most Americans are involved, where most people purchase their health insurance.

Contrast this with the Democratic proposal that seeks to increase transparency with regard to insurance premium increases and decrease the amount insurers can dedicate to profits.

The Democratic proposal ends the antitrust exemption for insurers, which has caused a significant lack of competition in the insurance marketplace whereby one or two insurers provide virtually all of the coverage for enrollees in some markets. This is focused insurance reform rather than business as usual, which the Republicans seek to promote.

The Republican plan was introduced to the world on November 4, 2009, after being slapped together because they realized that something was going to happen out here and they had no alternative to saying no. It has all the failures I have described relative to the Democratic proposal.

Contrast this with what has been a deliberative, thoughtful process that has created a bill that has been reported out of three committees and is at the precipice of enacting the most far-reaching, consequential health reform in a century.

The American people have been waiting for 100 years. They got the Republican proposal a day or so ago, and it is totally inadequate. Despite claims of my Republican colleagues to the contrary, in all aspects, the Democratic proposal is simply better. It will provide universal coverage, and I hope that the Republicans can see the wisdom of voting for it this Saturday.

It provides nearly universal coverage, deficit reduction, and reforms designed to effectuate cost control over the next decade.

My Republican colleagues have tunnel vision and are focused on what they believe to be the one positive about their bill: it costs less than the Democratic proposal. Well, it still costs \$8 billion, and insures virtually no one according to multiple media outlets as well as the CBO.